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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/750,996
Filing Date	December 31, 2003
First Named Inventor	Antoni kozlowski et al.
Art Unit	1626
Examiner Name	Unknown
Attorney Docket Number	SHE0065.00

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 17 Cited References
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NEKTAR THERAPEUTICS		
Signature	<i>Susan T. Evans</i>		
Printed name	Susan T. Evans		
Date	10-08-04	Reg. No.	38,443

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Minna Cotter</i>		
Typed or printed name	Minna Cotter	Date	12 OCT 04 11 OCT 04 m.c.

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Antoni Kozlowski et al.)

Atty. Docket No.: SHE0065.00)

Application No.: 10/750,996)

Examiner: Unassigned)

Filed: 12/31/2003)

Group Art Unit: 1626)

Title: MALEAMIC ACID POLYMER)
DERIVATIVES AND THEIR)
BIOCONJUGATES)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450 on ~~11~~ OCTOY 12 OCTOY M.C.

Signed: Munira Cottu

INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR §1.56, §1.97 and §1.98

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

The references listed in the attached Forms PTO/SB/08A and B may be material to examination of the above-identified patent application. Applicants submit these references in compliance with their duty of disclosure pursuant to 37 CFR §§1.56, 1.97, and 1.98. The Examiner is requested to make these citations of official record in this application.

This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that these references indeed constitute prior art.

Copies of the references are enclosed, as required under 37 CFR §§1.98.

This Information Disclosure Statement is being timely filed under 37 CFR §§1.97 and is being filed:

Attorney Docket No. SHE0065.00



within three months of the filing date of a national application or an RCE; within three months of the date of entry of the national stage as set forth in section 1.491 in an international application; or before the mailing date of a first Office action on the merits (whichever event occurs last);



Please charge the amount of \$___ to Deposit Account 500348



If it is determined that any additional fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 500348.

Respectfully submitted,

NEKTAR THERAPEUTICS

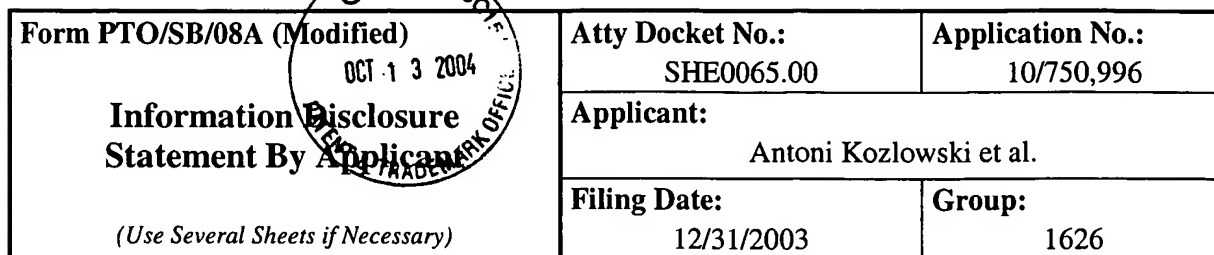
Dated: October 8, 2004

By:

Susan T. Evans

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San Carlos, CA 94070
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[illegible]

Examiner:	Date Considered:
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